

**Conclusions:** Optimal clinical management requires an efficient care-pathway that quantifies individual's risk of recurrence and progression and administers appropriate adjuvant intravesical therapy without delaying surveillance cystoscopy.

#### 0573 ARE C-REACTIVE PROTEIN LEVELS NECESSARY TO DIAGNOSE ACUTE APPENDICITIS IN ADULTS?

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**Aims:** Diagnosis of acute appendicitis has been based traditionally on history and examination findings, with leukocyte count (WCC) used as an adjunct. C-reactive protein (CRP) is now also measured routinely. We aimed to identify whether CRP improves diagnostic accuracy in suspected acute appendicitis.

**Methods:** 16-month retrospective study of 256 consecutive adult patients undergoing appendicectomy for suspected appendicitis. CRP and WCC on presentation were compared with post-operative histological diagnosis of acute appendicitis.

**Results:** 68% (174) of patients undergoing appendicectomy had a histological diagnosis of acute appendicitis. Used in isolation WCC >14 yielded: sensitivity =0.43; specificity =0.88; PPV =0.88. Used in isolation CRP >20 yielded: sensitivity =0.56; specificity =0.67; PPV =0.78. Only when CRP >100 does specificity increase to >0.8. Combined WCC >14 and CRP >20 (sensitivity =0.22; specificity =0.9; PPV =0.83) did not improve PPV compared with WCC alone and only marginally improved specificity.

**Conclusions:** When used alone WCC is more useful in predicting acute appendicitis at appendicectomy than CRP. Combining both markers has no impact on the likelihood of a correct diagnosis when compared with using a WCC >14 alone. Measuring CRP levels in suspected acute appendicitis does not improve diagnostic accuracy and therefore cannot be financially or clinically justified.

#### 0574 AUDIT TO ASSESS THE ORGANISATION AND FUNDING OF AN ENT EMERGENCY CLINIC

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**Background:** Payment by results and the setting of a national tariff has meant that recording of clinical outcomes and procedures undertaken in the outpatient setting is vital. We set out to assess work undertaken in the ENT emergency clinic, staffed by the FY2 and Core Trainees, under senior supervision. Recent organisational change has led to administrative difficulties, whilst demand for the service is increasing.

**Method:** The data were collected in the ENT outpatients department at our unit over a four week period. Details of every patient seen were recorded on a standard clinic outcome form.

There were a total of 151 patients booked into the clinic during the four week period. 106 (70.2%) completed forms were available for analysis.

**Results:** 35% of patients were booked for follow-up in the emergency clinic and 27% were referred onto the consultant-led clinic. 57% of patients were undergoing procedures such as nasendoscopy, nasal cautery, FNA and aural toilet (47% of all patients).

**Conclusion:** Appointments are currently charged at the follow-up rate of £63, which represents a considerable saving compared to the standard first appointment rate. The missing outcome forms represent a potential loss of income. These issues must be addressed to ensure proper payment for the completed work.

#### 0575 COMPARISON OF PATIENT SATISFACTION BETWEEN POSTAL CONSENT AND STANDARD CONSENT FOR GASTROINTESTINAL ENDOSCOPY

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**Introduction:** Postal consent (PC) packs have been developed for out-patient procedures and are deemed to be safe and legal. Patient satisfaction has been established but not compared with the accepted standard consenting (SC) process of taking consent in the endoscopy room.

**Methods:** PC packs were given to 55 consecutive patients referred for endoscopy from a single out-patients clinic. 'Patient views' questionnaires were completed by these patients. A comparison group of 56 patients who received SC completed a comparable questionnaire.

**Results:** 67% (n=37) of the PC group signed their consent before arriving, 27% (n=15) signed it in the department, 3 patients (6%) were unable to retain information to give informed consent. Overall understanding of risks and patient-satisfaction was equal in both groups. 98% in the PC group and 89% in the SC felt they had good understanding of the risks. 100% in the PC group and 94% in the SC group stated they would be happy to give consent in the same way again.

**Conclusions:** PC packs result in equivalent patient understanding and satisfaction with consenting for out-patient GI endoscopy compared with the accepted standard. In addition, patient uptake is excellent, indicating no barriers to wider use of this process.

#### 0576 THE DEVELOPMENT OF PROCESS MAPS IN THE TRAINING OF SURGICAL AND HUMAN FACTORS OBSERVERS IN ORTHOPAEDIC SURGERY

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**Introduction and Aim:** Both surgical training and operative outcome reliability may potentially be improved by explicit standardisation of procedures. We report the development of process maps for evaluating orthopaedic procedures and reflect their potential value.

**Methods:** As part of a research programme aimed at developing training methods to improve surgical quality and reliability, two pairs of observers (1 human factors expert (HF) and 1 surgical trainee (ST) per pair) were trained in observation techniques for data collection in elective orthopaedic hip and knee operations. The process maps were developed iteratively by testing against observations until stability and uniformity was reached.

**Results:** Six templates were developed in knee arthroscopy, primary hip arthroplasty, anterior cruciate ligament reconstruction unicompartmental, primary and revision knee arthroplasty. These were used in 50 operations performed by more than ten theatre teams. The operations were divided into 13 to 17 steps, each with subsequent subcategories. Using process maps, both ST and HF observers improved their understanding of the operation and became reliable in recording deviations from the standard process.

**Conclusion:** We present a methodology which can be successfully applied as a part of surgical training. The subsequent process maps can be utilised in the orientation of non-clinical observers.

#### 0577 IMPROVING LIAISON TO THE DERBY BARIATRIC SURGICAL SERVICE

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**Aims:** To investigate the discrepancy between the numbers of patients eligible for bariatric surgery and those operated on, in the East Midlands, and seek suggestions for service improvement.

**Methods:** Two anonymous questionnaires were created, surveying healthcare staff. Of 616 primary care staff invited via email, 78 (13%) responded. Of 87 consultant surgeons invited, 21 responded (23%).

**Results:** 76% of surgeons believed the service should provide consultant advice at all times and 68% felt the NICE guidelines, rather than local criteria, should be implemented. 53% wanted direct referral rather than via GPs. Of primary care staff, 87% would utilise the bariatric service. Staff less knowledgeable about the service, or more remotely located, were less likely to refer (p<0.01). Remotely located staff were more supportive of outreach services (p<0.01). 81% believed lack of funding was the main